THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLVIII. WEDNESDAY, JUNE 29, 1853. No. 22.

TYPHOID FEVER IN PARIS.

[THE following is an extract from the editorial correspondence of the Charleston Medical Journal and Review, under date of Paris, March 5, 1853.—ED.]

An epidemic of typhoid fever is very prevalent in Paris at present, and it is seen in all the hospitals. In these it is quite interesting to witness the variety of treatment adopted by each physician of note, as his medical tendencies incline; that pursued respectively by MM. Bouillaud, Briquet and Louis, whom I have followed, presents many points of difference, and it has been difficult to determine on which side the scale of success leans. We hope, however, to be able to send a paper by a medical friend who has watched closely the service of the former, and who can furnish some testimony with respect to his mode of employing the lancet in this disease. M. Louis very generally administers seltzer water, vinous lemonade, and adopts, to a certain extent, the expectant system. M. Briquet at La Charité pursues what appears to me rather a middle course. He abstracts blood in the early stage of some cases which seem peculiarly fitted for it. I may observe here that I have also heard M. Trousseau say, that even as late as during the second and third septenary period, he was in the habit of bleeding to prevent the increase, or destroy the congestion of the lungs which so often exhibits itself, its approach and presence being of course easily discoverable by the physical signs. M. Briquet relies with much confidence (and my own observation in his wards can sustain him) upon the application of cups and scarification to the mastoid region during delirium and coma of typhoid. It completely checks the increase of these dangerous symptoms, as I have repeatedly witnessed. He does not give mercury internally, but applies plasters of mercurial ointment over the entire abdomen until the secretions become active, or the tongue and skin exhibits the desired moisture. This method of using the remedy might more easily reconcile itself to those who so much doubt respecting the advantages of its internal administration. He gives ordinary Bordeaux wine, during the period of convalescence. These means, thus generally expressed, are often associated in his practice with the use of ice, administered in every possible way, and through every channel—bladders filled with it are applied to the scalp, it is dissolved in the mouth, and given with enemata. One

of his internes mentioned to me this morning, that he had lost but one case within three weeks. There are between twenty and fifty sick of the disease in each service of the hospitals, and few of these fail to present gargouillement, the characteristic rose mark and sudamina.

As the subject of typhoid fever has been much discussed of late at the South, and in the pages of this Journal, it may not be thought useless to consider the following autopsy which I witnessed at La Charité a few days since. It is instructive as indicating the characteristic march of the disease in an individual in whose system it was not modified by medicines. The subject, a man about 33 years of age, of good conformation when he entered the Hospital, presented a very favorable condition save the existence of the endemic; this had seized upon him as it had upon most of those who had within the last year or two moved from the country to Paris, and who did not live under favorable hygienic conditions. He had been bled, but absolutely no medicines were taken with the exception of *tisans* and mucilaginous drinks. Notwithstanding, the entire lining membrane of his *stomach* was intensely red and exhibited all the traces of severe inflammation: there was some exudation of plastic lymph, and the particles of coloring matter seemed infiltrated beneath the mucous coat; when scraped off with a sharp bistoury, the surface beneath was white. Thirty of Peyer's glands were enlarged and inflamed, decreasing in size from the commencement of the colon until they disappeared in the small intestines. The largest were about a quarter of an inch in diameter, with elevated edges, presenting, as M. Briquet remarked, precisely the appearance of carcinoma; the surface of those situated most inferiorly exhibited the yellow summit, indicating the commencement of gangrene. No other portion of the intestinal canal was diseased, if we exclude the above enlarged mesenteric glands. The *spleen* was four times the ordinary size, though it did not appear that the deceased had suffered from intermittent fever. The cavities of the *heart* contained some fibrinous deposits, and its muscular tissues were soft. The *lungs* showed previous inflammation of the bronchia, and the lower lobes were still engorged; these did not compromise the life of the individual, as quite a large portion was spongy and elastic. The consistence of the *brain* was firm, no fluid was found in the ventricles, but there was venous engorgement on its surface. The *liver* and other organs remained quite natural.

THERAPEUTIC VALUE OF VERATRUM VIRIDE.

BY W. C. NORWOOD, M.D., OF ABBEVILLE, S. C.

We know of no agent so peculiarly adapted and so universally applicable to the treatment of febrile and inflammatory affections, as the American Hellebore. With limited exceptions it fulfils the therapeutical indications in these diseases unaided and alone; and, withal, its results are so invariable that we may expect to realize its effects, when properly administered, with the same certainty with which the husbandman anticipates an abundant harvest from the proper culture of his field.

However numerous or diversified may be the causes of febrile and inflammatory diseases, certain uniform effects or events are sure to follow them, and to correct or modify these effects is the grand aim of the practitioner. To do this successfully, a practical and experimental knowledge of the therapeutical properties of the agents calculated to modify the actions excited by these causes, is necessary; and this is the reason of my pressing so earnestly on every one, the importance of thoroughly testing, and closely watching for himself, the therapeutical effects of veratrum viride; for I believe that he who fully understands its powers and applications, is in possession of the key which opens the door to triumphant success in the treatment of many diseases hitherto considered the opprobria of medicine.

I have been charged with enthusiasm, extravagance and fancy, in estimating the value of this remedy, and in urging its claims upon the profession; but years of close observation and experience have convinced me that, far from exaggerating, I have failed to do justice to the subject. Who can overrate the value of an agent capable of controlling the actions of the heart with demonstrative certainty? When it was announced, by the Italian physicians, that digitalis possessed the property of subduing and controlling morbid vascular action, medical men ardently anticipated the benefits that were about to be realized. But it proved not to possess the powers ascribed to it, and the field was again open for research and inquiry. After long observation and repeated experiment we are able to affirm, in the most positive manner, that *veratrum viride* entirely fulfils this indication. In less than twenty-four hours it will reduce a pulse of 100 or 160, to between 35 and 85 beats in the minute.

But this drug possesses other important remedial powers. It is a certain and efficacious emetic; it possesses expectorant and diaphoretic properties in an eminent degree; its adanagic power is considerable, andit acts as a nervine in allaying morbid irritability.

We trust that these statements, based upon careful clinical observation and mature reflection, will induce the profession to use this remedy, and we believe that the benefits resulting to the sick from its judicious employment will be incalculable.*—*Virginia Med. and Surg. Jour.*

CASE OF DOUBLE MONSTER—RITTA-CRISTINA.

BY WM. F. MONTGOMERY, A.M., M.D., ETC., DUBLIN.

THIS remarkable double monster (possessing two heads and bodies, and two sets of upper extremities, but only one pair of legs and feet) was born at Sassari in Sardinia, 12th March, 1829. The mother was well formed and had previously borne seven perfect children; in the birth of Ritta-Cristina the labor was not attended with difficulty; the heads present-

* Dr. Norwood publishes (Charleston Medical Journal, November, 1852), his formula for preparing a saturated tincture of the root of veratrum viride:—R. Of the dried root of veratrum viride, viij. oz.; of alcohol of the shops, xvj. oz. Digest for a fortnight. The dose for an adult is eight drops to be given every three hours.—ED.

ed, and each head was separately baptized and named. They were brought to Paris, and there publicly exhibited, which is said to have hastened their death. It is rather amusing to know that the public authorities interdicted their exhibition except under most stringent restrictions, for fear that it would open a door for psychological speculations and discussions.

On examination after death, the two vertebral columns were found separate in their whole length, and a rudimentary pelvis, formed of a single bone, separated them inferiorly. Another fully developed pelvis was situated in its natural position, and supported two well-formed abdominal limbs; the ossa innominata were widely separated posteriorly, so as to include between them the two sacra and the rudimentary pelvis: there were only eleven ribs at each side; the lower limbs were remarkably meagre and ill nourished.

There existed a single bladder, uterus and rectum, which were common to the two subjects, but behind these organs were found rudimentary traces of others.

There were two distinct hearts in one pericardium, which touched at their apices; all the other thoracic and most of the abdominal viscera were double; examination by the stethoscope indicated only a single heart.

Many interesting observations were made on this monster during life; the nervous systems seemed to have but little communication, except in those parts which were in the line of union, as the anus and sexual organs; for if the right limb was pinched, or the sole of the foot tickled, Ritta only felt it; and if the left, only Cristina; so that of the common pair of limbs, the right seemed to belong to the one individual, and the left to the other. And this was verified on dissection; for the spinal cords were found to be quite separate, and there was no communication between the nerves forming the nervous trunks going to the two abdominal limbs; the only union between the nerves of the two beings was found in the parts in the line of junction. One would sleep while the other remained awake sucking; or smile while the other cried or was quite tranquil.

The two creatures experienced the sensation of hunger at different times, but felt the desire to expel the fæces at the same time. This might be expected from the structure of their alimentary canal, which was double as far as the commencement of the ilium, and single in the rest of its course. There was an anastomosis of the iliac arteries belonging to each.

There was a remarkable difference in the expression of their countenances: Cristina being of a gay and happy look, while Ritta looked sad and melancholy, as if suffering, which was the fact.

They died at Paris, 23d November of the same year, having lived eight months and eleven days; and I believe their survival for such a length of time constitutes an exception to the history of double monsters with two hearts in one pericardium. The account of their last moments is deserving of mention. Ritta, who had always been feeble and ailing, at last became very ill for some days before her death, but

during those days Cristina continued in perfect health, was gay and merry, and was playing in her mother's arms when Ritta breathed her last, but on the moment Cristina screamed out and instantly expired. It was remarked also that she became cold and rigid in a few minutes; but that Ritta became so only at the end of eight hours.

The same authority which objected to their exhibition while living, wished to prevent their examination after death, and ordered their burial within twenty-four hours; and it was only at the urgent solicitation of M. Geoffrey St. Hilaire and others, that permission could be obtained for delay, in order to investigate their organization.—*Dublin Quarterly Journal of Medical Science.*

MOTIVE POWER OF THE BLOOD PROVED BY EXPERIMENTS ON FOUR CROCODILES—ONE BROUGHT TO LIFE.

BY SAMUEL A. CARTWRIGHT, M.D., NEW ORLEANS, LATE OF NATCHEZ.

[Communicated for the Boston Medical and Surgical Journal.]

Four crocodiles were subjected to vivisection in the court-yard of my office, on the 1st and 6th of the present month. One was nearly ten feet long, another about six and a half feet, and the other two of smaller size.

June 1st, at half past 9 o'clock, I tied the trachea of one of the smaller sized saurians, and turned it loose. At twelve minutes before 10 o'clock, I tied the trachea of another one, and proceeded at once to open the thorax and abdomen, exposing the viscera, even the heart, to view, by opening the pericardium. It was then taken from the table and placed on the floor. The largest crocodile was surrendered to Dr. Dowler, to perform any experiments he might see proper. By this time a number of medical gentlemen had assembled to witness the experiments; viz., Drs. Copes, Nutt, Hale, Wharton, Weatherly, Chaillie, Chappellier, Greenleaf, Prof. Riddell and his brother, and also Messrs. Brenan and Gordon. While the large crocodile was being secured and made fast to the table, the two others, whose tracheæ had been ligated, were moving about as actively as before the operation. Some doubted whether the ligation would kill them at all; and others were of the opinion that the exposure of the viscera and serous membranes of one of them, to the action of the air, would prevent the ligation from proving fatal, as oxygen would be absorbed and carbonic acid expelled by the tissues thus exposed. The experiment reported at page 394 of the 46th volume of this Journal, June 16, 1852, where an alligator, nearly dead, revived under the scalpel of the dissector, while the ligature was still around the trachea, had given rise to that opinion; although it was subsequently demonstrated, by attempts at insufflation, that the lungs had been cut by the operator, thus giving egress to the poisonous carbonic acid and ingress to the vivifying oxygen—still the erroneous impression was left on the minds of Dr. Dowler and others, that it was the exposure of the membranes to the air by the dissection which re-

vived the animal. In the present case the viscera and membranes were as extensively exposed to the air as in that instance. I particularly guarded against cutting the lungs or any branches of the bronchial tubes. Both animals, in less than an hour after the ligation of the trachea, were dead. The one, whose viscera had been exposed, died as soon as the other. When pinching, burning and piercing the most sensitive parts of the body ceased to cause motion or to produce sensation, the first one operated on was re-placed on the table, and the viscera of the thorax and abdomen exposed by dissection. An artery was accidentally cut, and a profuse hemorrhage was the consequence. The temperature of the room was 83°. The inflating process was then commenced, and some faint evidences of returning vitality manifested themselves ; but as the reptile had lost the greater portion of the blood in its body, the very substance I wished to vivify and set in motion by the introduction of fresh air into the lungs, I abandoned the experiment and removed the subject from the table, without regret, intending to make it answer the purposes of another experiment to prove the error of certain reviewers, who had taken the position, "that alligators were curious animals, and might come to life of themselves if let alone." Hence the determination to let this one alone, to prove to sceptics that nothing short of the admission of fresh air into the lungs can restore life in cases of asphyxia or suspended animation. It never came to, or responded to the irritants applied to its nerves, but quickly lost every remaining vestige of life after the insufflation was suspended. Even the irritability of the muscles was destroyed ; thus confirming the experiment reported at page 79 of the 47th volume of this Journal, Aug. 26, 1852, where simple ligation of the trachea not only destroyed life, but muscular irritability, by poisoning the blood by the retention of carbonic acid.

The other crocodile, above mentioned, whose trachea had been tied at a quarter before 10 o'clock, and the viscera immediately exposed, was found to be dead, and at 25 minutes before 11 o'clock was replaced upon the table. Various means were used, as pinching, piercing and burning the most sensitive parts of the body, to extort symptoms of life ; and when they failed to have any effect, the inflating process was commenced. After continuing the insufflation of the lungs for some fifteen or twenty minutes, the animal came to life, snapped its jaws, opened its eyes, moved its limbs, and twisted and worked itself when pinched or cut. In the language of a by-stander—"*it lived again.*" It continued to live for several hours afterwards. It was brought to life at 11 o'clock. At 3 o'clock, when the company left for dinner, it was still alive, and would dodge the finger when thrust at its eyes, although not touched. Several gentlemen, before leaving, convinced themselves by that and other measures, that the reptile was not only alive, but had its sight, hearing, intelligence and the power of motion restored to it. When the company left, it was the only live crocodile in the room. Both the others had been dead for some time. The first one operated on had been dead more than four hours—and the one which Dr. Dowler had been experimenting on was also dead, although it was the last one brought on the table.

On the 6th of June I tied the trachea of a female crocodile, about six and a half feet long, and as large around as a common-sized man—Drs. Dowler, Copes, Wharton, Chappellier, Reynolds, Greenleaf and Backee being present. When animation became nearly suspended, the viscera were exposed by dissection. On opening the pericardium, the auricle of the heart happened to be pierced. The hemorrhage was profuse. A ligature was put around the slit in the auricle, but before the hemorrhage could be arrested the most of the blood in the body had escaped. Insufflation was tried, but it had very little ostensive effect. It excited the heart into action, and restored some degree of motion and sensibility; but it restored and preserved an amount of vitality sufficient to enable Dr. Dowler, to whom I resigned the half-dead female saurian, to re-produce those astonishing phenomena of the nervous system, which he has heretofore made known to the scientific world. They are of a nature to make a Nilotic ruin, a perfect chaos, of the main foundation of physiology and psychology since the days of Moses. In the report of the experiment on the battle-ground crocodile, published August 25, 1852, in the 47th volume of this Journal, it is stated that after tying the trachea the animal died, and that Dr. Dowler, with fire, hooks and forceps, failed to produce a single nervous phenomenon he had been accustomed to show. But in this instance, a sufficient quantum of vitality remained and was kept up by the inflation, to enable him to verify to the by-standers nearly the whole of those remarkable facts he has heretofore reported in his "Contributions to Physiology." He proved with the half-dead reptile, as also with the ten-foot crocodile on the 1st of June, what he had frequently proved before, viz., that sensibility, motion, the will and intelligence, continue to be manifested in the body after it has been cut off from the brain and spinal marrow; that pinching the distal portion of any divided nerve will cause motion and sensation in the part to which it is distributed, and that the same phenomena will continue to occur as the nerve is followed downward toward the part to which it is distributed. These experiments with the crocodile prove the fallacy of those dogmas, which have so long made physiology and psychology the most hypothetical, changeable and non-progressive of all the sciences. Until cut loose from the unsound learning of the dark ages, those noble sciences cannot be made to perform their proper part on the arena of practical utility. The hypotheses to which they are chained, make the cerebral system the *subjective or the me*, and the blood the *objective or the not me*. To reach the brain, the supposed seat of the subjectivity, recourse has been had to the supposition, that impressions from without are conveyed by a subtle fluid, oscillations or other means, through the nerves to the brain—the supposed exclusive residence of the mind. The latter is supposed to give its commands, which are conveyed by the same or another set of nerves to the muscles and to the different organs of the body, ordering muscular motions to be performed and pain or pleasure to be felt. Another hypothesis pre-supposes that the chief motive power of the blood is derived from the mechanical propulsion effected by the contraction of a muscle, called the heart. There are more than three millions of species of animals

destitute of such an organ, and even in mammals the heart and arteries are of subsequent formation to some other structures of the body abundantly furnished with nutritive fluids. While such unsound doctrines (which need only be stated to carry their refutation upon their face) are received as fundamental truths in physiology and psychology, it will be vain to expect that these sciences can make any progress in the field of utility and practical operations. While such errors prevail, the phenomena, attributed to mesmerism, table-moving and spirit-rapping, will continue to confound the wisdom of the learned and to lead the ignorant and credulous into every species of ridiculous extravagance. Such is the natural tendency of the popular mind when men of science are driven to the subterfuge of denying phenomena clearly demonstrable —not for the want of evidence of their existence, but for the want of something in their philosophy to explain them. Back to Moses, then, let young America, not too old or full of prejudice to learn new truths, go to take a fresh start in physiology and psychology. Physiologists and psychologists will there learn, what the experiments on the crocodile prove, that the blood is the *subjective or the me*, and that all other parts of the body are the *objective or the not me;* or, in the language of Moses, the blood is the life of the flesh and the air is the life of the blood. Life, in the proper Hebrew sense of the term—life, consisting of motion, sensation, will, consciousness and intelligence; these are all implied by the Hebrew word translated life. Neither physicians nor theologians have fully believed in the physiological doctrines taught by Moses. Some of the former and all the latter profess to believe in the prophet, but not in the prophet's doctrines when applied to physiology. It is not as a prophet I quote him, but as a man and a learned physiologist. My experiments on the crocodile, as well as those of Dr. Dowler, show most clearly and positively, that, as far as regards the fundamental principles of the science of physiology, Moses is a great way a-head of either Carpenter or Dunglison. Dowler proves that the blood is the life of the flesh when he irritates a nerve, dissevered from the brain and spine, and produces the phenomena of life and motion in the part to which it is distributed. When the blood was previously poisoned by carbonic acid gas, as in the experiment with the battle-ground crocodile, recorded in this Journal (page 79, vol. 47), not a single symptom of life followed the irritation of the nerves or any other part. Muscular irritability had been destroyed by the carbonic acid destroying the life of the blood. Whereas in other experiments, where the blood had not thus been previously poisoned, or if poisoned, its vitality had been restored by insufflation, then the irritation of any nerve, after it had been divided or after the spine and brain had been destroyed, produced the phenomena of life in the parts to which it was distributed. The brain and nerves, therefore, instead of being the primary seat and type of life, are subordinate agents, or mere conductors of vitality from the fountain of life, the blood, to the flesh and solid structures of the body.

My experiments prove that the life of the blood is derived from the atmospheric air; and that air alone, without any aid from the heart at all, is its main and principal motive power. In other words, the oxi-

dation of the blood in the lungs is the chief motive power; or, in the language of Mrs. Willard, "the chief motive power of the blood is derived from respiration." Whether caloric, as Mrs. Willard contends, or caloric and electricity combined, be the *Phætonitis equi* of those cars of life, called blood corpuscles, is another question, lying in hypothetical regions I have no desire to explore. It is not the occult cause of things, but the existence of the things themselves, I seek to prove. That there is such a thing as a *hæmatokinetic* or blood-moving power, derived from respiration, is abundantly proved by artificial respiration restoring motion to the blood and bringing to life dead crocodiles. That this hæmatokinetic or blood-moving power can act beyond the periphery of the animal body, is sufficiently proved by those beautiful habitations which the mollusks build, paint and polish for themselves, without the aid of head or hands. Shells are nothing more than the thing called mesmerism in the solid form. Their frame work consists of fibrin thrown off from the body of the animal, chinked or filled in with solid matter thrown out like the fibrin. The stumbling-block, to those educated in the doctrines of solidism and mechanical agencies, is that their philosophy will not admit them to attach ideas of life, motion, sensibility and intelligence, to any substances not provided with an apparatus to move by mechanical means, with nerves, brain, and organs especially designed for hearing, seeing, tasting, smelling and feeling. Yet the beaver and the snail have an additional sense, which has been called the *hygrometic*, enabling them to foretell changes in the weather. No organ has ever been discovered through which such knowledge is communicated. There are millions and myriads of living creatures in the ocean possessing one or more of the above-mentioned senses, and some of them sufficient intelligence to be expert navigators; yet they are liquid masses having less consistency than the blood, being mere bubbles of jelly inflated with atmospheric air, and without any solid organization whatever. Even the membrane enclosing the radiaries is as foreign to their gelatinous bodies as the shell is to the crustacea. The light, seen in the ocean near the arctic circle and the equator, is emitted by myriads of animals, not only possessing life, sensation and intelligence, but motions as *rapid as meteors*. They are of less consistence than the blood; the slightest touch resolves them into thin air and an unctuous liquid. They prove that life, with all its essential attributes, does and can exist in the liquid and even in the aeriform state.

The difficulty of believing the Mosaic physiology, that the blood is the life, and air the fountain of life to the blood, is not for the want of facts proving that substances less dense possess life, but is owing to the prejudices of education founded on too narrow a platform. The platform of Harvey, that the chief motive power of the blood is derived from a muscular organ, excludes the larger half of the animal creation. Fishes have no aortic heart to circulate the blood. They have a small, weak muscular organ to assist in propelling the blood into the gills, but they have no heart to propel it through the systemic circulation. The oxygenation of the blood in the gills is a sufficient motive power. In the sturgeon the arteries are cartilaginous tubes, and

can give the hæmatokinetic power, derived from the oxygenation of the blood in the gills, no assistance. The heart of the fœtus in utero does not beat time with that of the mother, nor are the blood corpuscles of the same size in the mother and her unborn child; proving that it is not the same blood, and is not circulated by the same forces, as the theory of Harvey supposes. The law, which gives the motive power to the blood of fishes—the oxidation of the blood in the gills—gives the motive power to the fœtal blood; the placenta performing for the fœtus the same office that the gills do for fishes. The fœtus in utero is, physiologically speaking, *a tadpole*, the placenta being its branchiæ or gills. When comparative anatomy is more studied, the radical error of the received doctrines of the circulation will become more apparent.

Dowler and the mesmerizers (I fear he will never pardon me for the association) have done much to expose the errors of the schools on the nervous system. The former has demonstrated repeatedly that the phenomena of sensation, voluntary motions, the will, the passions, and some degree of intelligence, can be re-produced in animals deprived of the brain and spinal marrow. Both have proved that the mind is not a prisoner in the bone called the cranium, as the learned world believe. My experiments prove that the blood, instead of being a lifeless mass, moved only as it is moved by physical forces, is highly vital, and derives from the oxygen of the air, not only its life, but a hæmatokinetic or motive power more active than that which the needle derives from the load-stone; that the motive power thus generated, is not dependent on vascular organization or any organization at all for its manifestations, as is proved by the Articulata and Radiata, and that it can carry the vital blood beyond the immediate periphery of the vascular system, as is proved by the fibrous frame-work in the shells of the Mollusca.

Canal street, New Orleans, June 11th, 1853.

SOURCE OF VITALITY IN THE TEETH.

"RHIZODONTRYPO-NEURHÆMAXIS," AND THE REMOVAL OF THE DENTAL PULP, NOT BASED ON PHYSIOLOGICAL PRINCIPLES, AND THEREFORE IMPRACTICABLE.

[Concluded from page 417.]

In the early development of the dental pulp, the sac (which when calcified is the cementum) plays an important part, being highly vascular; but when the pulp receives its proper dental vessels, it degenerates into a non-vascular, protective membrane; and its present importance and utility with its former, may well be compared to the umbilical vessels of the fœtus, which in its primitive life are the *only* media of vitality; but in after years degenerate into simple, fibrous, impervious ligaments.

The cemental membrane has been found by Dr. Carpenter "to be a substance very *closely* resembling that which *intervenes* in the *growing* bone, *between* its surface and the investing periosteum."* Another evidence of the vitality of the teeth existing alone in their central gan-

* The Italics are mine.

glia, is drawn from the case given by Dr. Miller, as reported in this Journal, Vol. xlvii., No. 12, where a lady with nine teeth *superficially* decayed, in which the sensibility was so much exalted as not to admit of their being filled until it was in some way reduced, was submitted to the pain-destroying influence of chloroform, and six of the nerves cut, "after which the teeth were filled without pain." If the cementum furnishes vitality to any part of the tooth, we should naturally suppose that it would be to its external surface. If it is a source of vitality, it must furnish vessels and nerves, and this being the case an amputation of the central ganglion would not destroy the sensibility in superficial carious cavities, as stated in the above case.

In regard to removing the crowns of teeth that from decay have become useless, and inserting mineral ones; it is well understood by most scientific surgeon-dentists, that it is not the best of practice, and should, as a general rule, be avoided, though there are cases where it seems the only thing that can be done under the circumstances. Every physician and dentist knows that teeth which have lost their crowns, either by the hand of the dentist or by disease, whether covered by an artificial crown or not, are usually great sources of discomfort from their gradual decomposition, and not unfrequently produce serious diseases of the stomach, jaw, and especially of the nervous system. No unprejudiced mind can fail to be convinced, on removing the fang of a tooth that has for any length of time, or for any reason, been deprived of its central vessels, that it is *dead*—that it leaves its alveolus readily, because absorption has already commenced. It is a fundamental law of the animal economy, that any portion of its structure, losing its vitality, shall early or late be removed; the length of time occupied being always in proportion to the power in the substance to resist decomposition and the amount and activity of the absorbents by which it is surrounded. On this principle, I attribute the long standing of the fangs referred to in No. 18 of the present volume of this Journal.

In regard to the subject of "amputation" and "*puncture*" of the nerve or its accompanying vessels, I would inquire the size of the instrument with which Dr Miller punctures the desired vessel, in an inferior incisor, when the dental canal (as is often the case) one line from the border of the alveolus is one hundreth of an inch in diameter, and that canal traversed by three vessels—vein, nerve and artery? And how does the doctor distinguish between the other vessels and the nerve? How does Dr. Miller account for a puncture of the nerve destroying its sensibility? In cases of facial neuralgia and sciatica, would they be relieved if the facial and sciatic nerves were thoroughly punctured with a lancet or a fine trocar? In cases of an irritated ulnar nerve occurring in an amputated fore-arm, would it be relieved of its sensibility if the brachial nerve was well *punctured*? On taking away one quart of blood or less from the brachial artery, would it diminish the sensibility in its exposed extremity, so that by irritating it with a sharp excavator the patient would experience no pain? I am strongly inclined to the belief that these cases of puncture are in fact cases of excision, or at least the vessels are so much injured that they are unable to do duty. If depletion is the ob-

ject, it can be done through the carious cavity, and the patient spared some pain, which is quite an object, especially with the patient. I have no doubt, as Dr. Miller affirms, "that the dental nerves of elderly people become absorbed, and their canals filled with a bony deposit"; but "that the nerve sometimes becomes ossified," is a matter of doubt; yet exostosis frequently occurs in the lining membrane of the alveoli, often involving the fang and causing the destruction of the tooth and its extraction.

From the foregoing I think we may come to the conclusion:—

1st. That the human teeth receive all their vitality from the vessels that enter the pulp cavity.

2d. That the *cementum petrosa* is a non-vascular membrane in the fully-developed tooth; consequently can have no part in supplying the tooth with vitality, and can serve only as a connecting medium "belonging equally to the alveoli and the tooth."

3d. That the destruction of the central ganglion destroys the vitality of the organ; therefore any operation contemplating it, with a view to its preservation, is not based on physiological and therapeutical principles, and therefore is "impracticable."

But because this or that operation does not bring the success hoped for, "shall nothing be done" to prolong usefulness and extend existence? Certainly, the physician and surgeon should call to his aid all the resources of science and art, and with discrimination and judgment such as becomes physicians, apply the means to a perfect cure; but if this is impossible, let him do all that a humane and sympathizing man can do, to allay the physical and mental disquiet which disease brings, that when it takes its leave (wholly or in part), he may possess the pleasing assurance that in all honesty it has been treated upon pure scientific and practical principles.

It is not to be supposed that the department of dentistry, though in skilful hands, has as yet arrived at a point, either in theory or practice, beyond which there is nothing better. That the profession during the past few years have made great progress and many improvements, is a matter of rejoicing to many that suffer; and it would be unprofessional and unchristian to call them a "stupid set of fellows," for not knowing twenty, ten or even five years ago, the same, and all other physiological and pathological facts which they now possess, or even for not being acquainted with the operation called "rhizodontrypo-neurhæmaxis."

Rockville, Ct., June 11th, 1853. M. M. Frisselle, M.D.

SURGICAL OPERATIONS IN CANCEROUS DISEASES.

[At the last meeting of the American Medical Association, Dr. Yandell, of Kentucky, presented a report from Dr. S. D. Gross, of the same State, on the results of surgical operations for the relief of malignant diseases. The following is the concluding portion of it.]

From the facts and statements which have now been presented, embracing the opinions of many of the most intelligent, experienced and

distinguished practitioners in different ages, and in different parts of the world, the following conclusions may be legitimately deduced:

First.—That cancerous affections, particularly those of the mammary gland, have always, with a few rare exceptions, been regarded by practitioners as incurable by the knife and escharotics. This opinion, commencing with Hippocrates, the father of medicine, has prevailed from the earliest records of the profession, to the present moment. Nature never cures a disease of the kind; nor can this be effected by any medicine, or internal remedies, known to the profession.

Secondly.—That excision, however early and thoroughly executed, is nearly always, in genuine cancer, followed by relapse, at a period varying from a few weeks to several months, from the time of the operation.

Thirdly.—That nearly all practitioners, from the time of Hippocrates to the present day, have been, and are still averse to any operation for the removal of cancerous tumors, after the establishment of ulceration, rapid growth, firm adhesion, organic change in the skin, lymphatic invasion, the cancerous dyscracy, or serious constitutional derangements; on the ground that, if had recourse to, under these circumstances, the malady almost inevitably recurs in a very short time, and frequently destroys the patient more rapidly than when it is permitted to pursue its own course.

Fourthly.—That in all cases of *acute* carcinoma, or, in other words, in all cases of this disease, attended with very rapid development and great bulk of the tumor, extirpation is improper and unjustifiable, inasmuch as it will only tend to expedite the fatal result, which, under such circumstances, always takes place in a very short time.

Fifthly.—That all operations performed for the removal of encephaloid cancer and its different varieties, are more certainly followed by rapid relapse than operations performed upon scirrhus or hard cancer.

Sixthly.—That in nearly all the operations for cancerous diseases, hitherto reported, the history has been imperfectly presented, being deficient in the details which are necessary to a complete and thorough understanding of the subject in each case. This remark is particularly true in reference to the diagnosis of the malady, the minute examination of the morbid structure, and the history of the case after the operation, as to the period of relapse, the time and nature of the patient's death, and the result of the post-mortem examination.

Seventhly.—That cancerous affections of the lip and skin, now usually described under the name of cancroid diseases, are less liable to relapse after extirpation than genuine cancerous maladies, or those which are characterized by the existence of the true cancer-cell and cancer-juice.

Eighthly.—That, although practitioners have always been aware, from the earliest professional records, of the great liability of cancer to relapse after extirpation, a great majority of them have always been, and still are, in favor of operation in the early stage of the disease, especially in scirrhus, before the tumor has made much progress, or before there is any disease of the lymphatic ganglions, or evidence of the cancerous cachexy.

Ninthly.—That many cases of tumors, especially tumors of the breast

and testicle, supposed to be cancerous, are in reality not cancerous, but of a benign character, and consequently, readily curable by ablation, whether effected by the knife or by escharotics. It is to this circumstance that we must ascribe the astonishing success which is said to have attended the practice of Hill of Scotland, Nooth of England, and Flajani of Italy.

Tenthly.—That all operators insist upon the most thorough excision possible; removing not merely the diseased mass, but also a portion of the surrounding and apparently healthy tissues, as well as all enlarged and indurated ganglions.

Eleventhly.—That the practice has always prevailed and still obtains, to save, if possible, a sufficient amount of healthy integument to cover the wound, and to unite, if possible, the wound by the first intention; on the ground that these precautions will tend much to retard, if not to prevent, a recurrence of the disease.

Twelfthly.—That much stress is laid by writers upon a properly regulated diet, and attention to the bowels and secretions after operation, as means of retarding and preventing relapse.

Thirteenthly.—That there is no remedy, medicine or method of treatment which has the power, so far as we are enabled to judge of its virtues, of preventing the reproduction of the morbid action after operation, no matter how early or how thoroughly it may be performed.

Fourteenthly.—That life has occasionally been prolonged and even saved by operation after relapse, as in some of the remarkable cases mentioned in a previous part of this report; but that, as a general rule, such a procedure is as incompetent to effect a permanent cure as a first extirpation.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 29, 1853.

Medical Vases.—Among other evidences of the labors accomplished by that indefatigable physician, Dr. Simpson, of Edinburgh, we have received within a few days a pamphlet by him upon the discovery of certain little vases, about an inch high and two-thirds of an inch in diameter, labelled in Greek, *lykion*. They are found in Greece, and occasionally in Italy, particularly in those places where there were Greek settlements in early times. The *lykion* was held by the ancients in the greatest estimation, and from the slight history of its use by practitioners of a remote age, it must have been very costly. Dr. Simpson's notes are full of interest. With praiseworthy enterprise, he has ascertained where the article was procured, and shows that it is still in repute in India, where it has always been prepared. For diseases of the eyes this *lykion* has been celebrated from the times of Dioscorides, Galen, and others equally well known for their attainments in medicine, and was considered far superior to all other remedies for certain affections of the optic apparatus. *Lykion* is in reality known as *ruswut* in Hindostan, and may be purchased at shops in most of the great towns over all India; and we therefore suggest to medical

gentlemen living in ports in the United States from whence vessels are frequently sailing to Calcutta, to send an order for a few ounces. At all events, the oculists might find it to their special advantage to prescribe it. The *ruswut* is an inspissated extract from the wood and roots of several species of *berberis*, growing on the mountains principally of Upper India, and especially near Lahore. Dr. Simpson has a faculty of imparting a peculiar interest to any and every subject upon which he finds leisure to write.

Consumption.—Progress of improvement in the treatment of this sweeping, uncontrolled malady, including pulmonary and laryngeal diseases, is the substance of the title to a pamphlet just received from England, by James Turnbull, M.D., &c., to whom we are indebted for a copy. At this era in medicine, when the idea of specifics is so generally discarded, physicians will be slow to believe that pulmonary consumption is curable when the lungs have become ulcerated, notwithstanding the encouragement held out in this treatise. There are distinct dissertations in the book, on the use of some of the pyrogenic remedies; the use of the alcoholic extract and the tincture of the seeds of the Œnanthe phellandrium; the topical application of the solution of the nitrate of silver in laryngeal diseases; on the employment of inhalations; on hygienic means of treatment, and the application of the sugar of milk as an article of diet. The author is a methodical writer, and quite conversant with the writings and practice of those who have preceded him. Rather than epitomise any of the pages of his short treatise, we shall endeavor to extract such brief paragraphs as will give the reader an idea of Dr. Turnbull's efforts in this ample field of labor.

Purchased Fame.—In an appendix to a treatise on the structure, diseases and injuries of the blood vessels, by Edward Crisp, M.D., which won the Jacksonian prize at the Royal College of Surgeons in 1844, the learned author says, "In this country (England), a man must generally be attached, by purchase, to an hospital, before his works can obtain celebrity." "How is it in this country?"—inquires a gentleman who has never had either a patron or a fortune. "Is true merit noticed without the accompaniment of a strong family influence or its equivalent in real estate and stocks?" The question is open for discussion—although he insists upon it that when merit in a medical aspirant is encouraged, those who bestow the encouragement first ascertain that the individual will neither be in their way or disposed to outgrow his dependence.

Ladies' Physiological Institute.—An act of incorporation for this institution, located in Boston, was obtained in March, 1850. All the members are females, and they have conducted the affairs of the Institute admirably. Usually, a lecture is given once a week. Besides skeletons, models of individual organs, and one of the finest manikins in the city, they have a choice collection of books. A catalogue of them covers ten pages of the last annual report, which speaks well for their course of preparation. With limited pecuniary means, the members have made themselves known and respected for their intelligence, and their praiseworthy determination to study the art of promoting the health of themselves and others. Without claiming to be originators of new doctrines or contemplating innova-

tions upon the usages of society, they simply endeavor to improve their physical well-being, through the teachings of the best lecturers and writers on the laws of physiology.

Dental Toilet Articles.—Such a vast variety of powders, liquids, saponaceous and other preparations, for keeping the teeth in health, are now in the market, that it becomes a matter of serious importance to determine what may be serviceable and what injurious. When these articles emanate from honorable, well-known dentists, who give their names and address with their remedies, we naturally conclude the latter to be good, and that it is perfectly safe to follow the directions given. Each and all of them have too much reputation at stake to hazard it all upon a shilling's worth of any thing that will not stand the test of examination. Trusting to their integrity, therefore, we are disposed to make trial of whatever comes from them, professing to better the condition of the teeth. Dr. Angell's and Mr. Davis's dental soaps have had an extensive sale, and deservedly so, for they are excellent, accomplishing all that the inventors promise. J. A. Cummings, M.D., a medically-educated dentist of Boston, has brought out a dentifrice and a tooth-wash, very elegantly put up, which meets with an extensive patronage. It has the appearance of meriting, and we have no doubt does really merit, the praise implied by its extensive sales.

Manikins.—Inquiries are frequently made, both by letter and through messengers, respecting the cost of manikins, which are now considered quite indispensable in popular lectures on anatomy and physiology. An agency was opened at Albany, some years ago, where M. Azoux had his articles for sale. Why he should have sent the preparations away interior, instead of having them on sale at Boston or New York, cannot be understood. The sales have been fewer in consequence of the agency being out of the way. The following information, which is worth laying aside for reference, is taken from the Water Cure Journal.

"For the benefit of prospective lecturers on Physiology, who may be desirous of obtaining suitable apparatus, with which to illustrate the subject, we have obtained the following particulars with regard to the cost of a suitable cabinet.

"Manikins of the best quality can only be obtained from France. They are no where else manufactured with any thing like the same degree of perfection. The different sizes and prices are as follows. The smallest size, about eighteen inches high, may be had at $90. The second size, four feet high, with seventeen hundred objects, at $350. Same size, with twelve hundred objects, for $200.

"The third size, six feet high, with twelve hundred objects, $400.

"Same size, with seventeen hundred objects, $950.

"French skeletons, wired, ready for use, may be had at prices ranging from $26 to $50.

"The time usually required to import these articles by steamer from Paris, is from six to eight weeks. Payment is always required at the time of purchase.

"Besides the manikin, and skeleton, a set of anatomical drawings, the size of life, representing every part of the human body, colored and mounted, may be had in New York at $25. A complete set is composed of

eleven figures, and, in the absence of other specimens, will serve well, in the lecture room, to illustrate physiology and anatomy."

Imperforate Rectum.—From Dr. Kirby's Journal, the following account of an operation is extracted. It was communicated by J. K. Payne, M.D., of Bangor, Me.—"I attended a female infant, born Dec. 10, 1852, with an imperforate rectum, where the obstruction was situated three inches from the anus. The intestine was entirely closed about an inch, by a tough muscular substance, as if the sides of the rectum had grown together. The anus was natural, but the rectum, from the anus to the obstructed part, was contracted to one half its usual size. As I could not direct a bistoury by the finger to the stricture, I first placed a large-sized *trocar* in the direction of the rectum, through the obstruction, till it came in communication with the intestine beyond. After withdrawing the trocar, I inserted a bistoury to the upper part of the obstruction (using a grooved sound for a director), and made an incision towards the sacrum and down nearly to the anus. Then, distending the rectum with a pair of probe forceps, a copious discharge from the bowels immediately followed. The operation was not performed till the fourth day (the parents would not consent before), when all the symptoms of incarcerated hernia had set in. Those symptoms soon subsided, and the child is now perfectly well. The ring and middle fingers, and all the small toes, were grown together nearly to the ends."

Treatment of Spermatorrhœa.—With the difficulties connected with the treatment of obstinate cases of this malady, most practitioners are familiar. Books without number have been written on the subject; and almost every system of medicine proposes remedies, many of which on trial are found of no value whatever. It is hopeless to undertake to interrupt by medication the repetitions of the misfortune, There are but two methods, we believe, decidedly reliable; one of them is mechanical, the other is left to the ingenuity of the reader to ascertain. For several years past some of the very worst forms in which the disease presents itself, have been terminated in a short time, and the sufferer restored to permanent health, by a mechanical contrivance, which originated, it is believed, in Boston. The way to proceed is this: Take a piece of firm harness leather one inch wide, and make a ring or ferrule, which shall be one eighth of an inch greater in diameter than the penis. Thrust the points of four pins, equi-distant from each other, through the walls of the ring, so that they will project through a little way on the inside, and then cut off the projecting part of the pins on the outside. On retiring for the night, slip the ring on the organ, midway, and insert cotton wool between the two, to keep the pins from pricking the flesh. An emission seldom occurs without a full distension of the penis. The theory of a cure, as well as the facts, are simply these. When an erection takes place, and even before, the uniform enlargement presses the cotton, which yields, causing the points of the pins to enter the flesh. and thus the patient is instantly awakened. This occurs as frequently as distension comes on, and the semen is therefore retained. This, we repeat, is superior to any and all other prescriptions made use of. Last week an instrument was left on sale at Dr. Cheever's, under the Tremont Temple, in this city, that acts

precisely like the leather ring. It is made of steel, however, clasping like a dog's collar, according to the size required, and having on its inner edge a row of sharp points. Within this steel ring is another, extremely delicate, which opens to receive the penis, and retains it exactly in the middle. When it begins to distend, the small ring allows the member to enlarge till it strikes the sharp points, and then the individual is awake and safe. After interrupting the emission a few times in this way, the morbid tendency in many cases is removed, and the sickly, feeble youth rallies and regains his health. Other cases may require a more constant use of the remedy, until maturer age and different circumstance render it no longer necessary.

Memoir of Dr. Nichols.—Samuel A. Lord, M.D., has prepared an interesting sketch of the life of the late Andrew Nichols, M.D., of Danvers, reprinted from the communications of the Massachusetts Medical Society. It is concise, but embraces the principal events in the life of a good and trustworthy physician. The subject of Dr. Lord's memoir was neither a blusterer nor a man of iron heart. His sympathies were strong, his efforts untiring in the routine of professional duties; and as a man, a gentleman and a citizen, he was courteous without being obsequious; firm, but never obstinate, and in all the relations of life a pattern for those who would rise to distinction by the practice of the social virtues. Our recollections of Dr. Nichols are of a pleasant kind. Hospitality and a consideration for others were prominent traits, which endeared to him a great circle of friends, who sympathize with a bereaved family in their affliction. Dr. N. held a commanding position in the medical councils of the fraternity, that was based on many years of experience and a cultivated understanding.

Public Health.—Notwithstanding the extreme heat of the weather the past week, the health of this metropolis is excellent. No epidemic prevails. Cases of bowel complaint are always liable to appear at the approach of the fruit season; but that should by no means prevent people from indulging reasonably in all the fully ripe fruits with which the country is blessed. Some few deaths have occurred from imprudence in drinking cold water; and reports of the sudden extinction of life from excessive heat have appeared in the papers. But a very satisfactory state of the public health appears at present to exist throughout New England.

Medical Electricity.—There has recently been an active competition in the employment of this agent in the treatment of diseases. Several well-informed physicians are giving exclusive attention to it, and with happy effects. Dr. Rogers, Tremont Row, Boston, has a curious and ingenious apparatus for the application of it to the various regions of the body; and by a judicious administration of the power which in so many ways is made subservient to the purposes of science, has achieved very important results.

Physicians Abroad.—Perhaps a larger number of American physicians were never before in Europe, than at the present time. Nearly every school and city in the Union is represented, and there is also a flood of American students distributed through the schools of London, Edinburgh,

Dublin, Paris, Berlin, Vienna, and other celebrated cities. There is something at each place worth seeing.

Medical Miscellany.—Samuel Martin died at Orwell, on the 11th inst., at the advanced age of 107 years.—All kinds of sickness prevailed at Venezuela, at the last accounts.—Sixty deaths by black vomit were recently reported at Vera Cruz.—Yellow fever and dysentery are raging at Rio Janeiro.—A large number of cases of cholera are said to have appeared at Norfolk, Virg., some of which terminated fatally.—A serious riot occurred in New York, last week, by a mob, who riddled the house of Dr. Geo. A. Wheeler, because some human bones were found on the premises. —Mrs. Elizabeth Dunlap died at Winsboro', S. C., on Friday of last week, at the advanced age of 109 years.—Owen Duffy, of Monaghan County, Ireland, is 122 years old. When 116 he lost his second wife, and subsequently married a third, by whom he had a son and daughter. His youngest son is two years old, his eldest 90. He still retains in much vigor his mental and corporeal faculties, and frequently walks to the county town, a distance of eight miles.—A jury has returned a verdict of $800 against Dr. Crosby, in New Hampshire, for mal-practice in the management of a broken bone.—Dr. John Westcott is the surveyor general of Florida. —Dr. Loring, late surgeon of the Chelsea Marine Hospital, has been appointed post-master of Salem, Mass.—Dr. William Hildebrand, a native of Germany, residing at Mineral Point, Wisconsin, has been appointed U. S. Consul at Bremen.—The New York Medical Gazette states that 29 suicides, 5 murders and 209 cases of insanity are directly traceable to spiritual manifestations as the cause.—Such has been the infectious character of the land speculation fever at Chicago, that even the physicians have caught the disease. Dr. Egan, of that place, represented as a good and worthy man, was recently called to prescribe for a lady. The potions were duly prepared, and when he was about withdrawing she very naturally inquired —" doctor, when are they to be taken ?" Quarter down, balance in one, two, and three years !" was the prompt reply. " Good morning, madam," and the doctor bowed himself out with his usual suavity.—A rich bachelor quaker has given $300,000 for building and endowing an asylum for the insane at Baltimore.—Dr. Elisha R. Kane has sailed, as commander of the Arctic Exploring Expedition.—The Female Medical College of Pennsylvania is to have a female faculty; Miss Mory, M.D., of Providence, is one of them. It is located at Perkioomen Bridge, Montgomery Co.— Small-pox is quite common in remote parts of Pennsylvania.

DIED,—In London, by suicide, Dr. Bailey, a medical man of distinction.

MARRIED,—Dr. S. Heath, of Kingsville, Ohio, to Miss A. Hayes.—Dr. John G. Sewell, of New York, to Miss J. W. Gannett.

Deaths in Boston for the week ending Saturday noon, June 25th, 64. Males, 34—females, 30. Inflammation of the bowels, 4—bronchitis, 1—inflammation of the brain, 2—congestion of the brain, 1—consumption, 8—convulsions, 5—cholera morbus, 1—croup, 1—cancer, 1—dysentery, 1—dropsy of the head, 2—drowned, 1—infantile diseases, 5—puerperal, 1—typhus fever, 1—typhoid fever, 2—scarlet fever, 6—hooping cough, 1—disease of the heart, 1—hemorrhage, 1—intemperance, 1—disease of the kidney, 1—inflammation of the lungs, 2—marasmus, 3—measles, 2—mortification, 1—palsy, 2—pleurisy, 1—sun-stroke, 2—teething, 2—thrush, 1.

Under 5 years, 36—between 5 and 20 years, 6—between 20 and 40 years, 10—between 40 and 60 years, 7—over 60 years, 5. Born in the United States, 48—Ireland, 14—England, 1—British American Provinces, 1. The above includes 9 deaths in the city institutions.

Bristol (Mass.) District Medical Society.—At the regular meeting of the Bristol District Medical Society, held at Attleboro', June 8th, 1853, were passed the following preamble and resolutions:—

We, the members of the Bristol District Medical Society, being assured as we are by the Constitution and By-laws of the Massachusetts Medical Society, that its great and leading object was in the beginning, and should continue to be, the promotion of medical science,

And further, believing that the great object for which the Society was formed can never be accomplished until it has disenthralled itself from empiricism of every name and nature,

And again, believing that the parent Society is, at the present time, encumbered by the most dishonest class of empirics that have ever disgraced the medical profession.

And finally, believing that the time has come when she must disenthrall herself of these insidious parasites, or abandon the objects for the promotion of which she was so wisely founded and has been so long and worthily sustained, therefore

Resolved,—That we heartily approve of the course adopted by our sister Society of Essex North, at the annual meeting of the parent Society.

Resolved,—That in our opinion the parent Society ought immediately, and in the most positive manner, to purify itself from all empirical connections.

Resolved,—That in the opinion of this Society it is doing injustice to censure "Thomsonians," "homœopathists," "empirical oculists," &c., or those who consult with outside empirics, while the parent Society *retains*, in full and honorable communion, a class of Jesuitical deceivers, in comparison with whom all other empirics and mountebanks are entitled to the most profound respect.

Resolved,—That in the event the parent Society refuses to grant this just request, we ask of her that boon, which she has recently so liberally extended to a certain class of her communionists, viz., that we may be permitted to withdraw ourselves from all connection with the parent Society.

Resolved,—That this preamble and these resolutions be signed by the President and Secretary, and that the Secretary be instructed to transmit a copy to the Corresponding Secretary of the parent Society, and also to the Secretaries of each of the District Societies.

M. R. Randall, *President.*
Wm. Dickinson, *Secretary.*

At the last meeting of the Bristol District Medical Society, held at Attleboro', on the 8th of June, the following preamble and resolutions were adopted.

Whereas,—By the dispensation of an inscrutable Providence, Dr. Phineas Savery has been by death removed from our Society,

Resolved,—That in the death of Dr. Savery the Bristol District Medical Society is deprived of one of its most esteemed and valuable members; *esteemed* for his gentle bearing and many amiable qualities, and *valuable* for his zealous efforts in the promotion of medical science.

Resolved,—That our warmest sympathies, elicited by kindred emotions, are tendered to the family of the deceased.

Resolved,—That these proceedings be published in the Boston Medical and Surgical Journal.

Resolved,—That a copy of the above proceedings be transmitted to the widow of the deceased.

Per order of B. D. M. Society,
William Dickinson, M.D., *Secretary.*

Application to close St. George's Churchyard.—A memorial is now in course of signature from the parishioners of St. Giles's-in-the-Fields, London, to the Home Secretary, praying for an order to close the churchyard in High street, some part of which has been used for interments ever since the year 1117, and another part since the year 1667. So long back as the year 1803, it was stated, in an act of Parliament, that the ground had become extremely offensive and dangerous to the health of the inhabitants of the neighborhood.—*London Lancet.*